

Correspondence.

(From the St. Louis Med. and Surgical Journal.)

DEAR FRIENDS:—It was my intention to have written to you soon after my arrival in Paris, but I have procrastinated from day to day, hoping that something might come under my observation worthy the pages of your journal; but either through want of industry, or obtuseness of perception, I have been disappointed.

It has been my good fortune to see many of the men of mark in the old world. Whilst in London, I had the pleasure of meeting, at St. Bartholomew's Hospital, Mr. James Paget, the author of the well known work on surgical pathology, incomparably the great work on the subject in our language. I confess much disappointment, I could not persuade myself that I stood in the light of the countenance of so great a luminary—that he was the author of the book which I had studied with such absorbing interest for several years. I looked at the man with a curious interest; scrutinized his head, his eyes, his nose, his mouth, and his chin; but was disappointed still. He certainly does not look the great man. A case of stricture of the urethra being in his rounds, he took occasion to remark, that it was not possible to cut upon a stricture by incision of the perineum, without the previous introduction of a sound. He afterwards qualified the expression by declaring it barely possible, but that it should never be attempted. I thought of referring him to the St. Louis Medical and Surgical Journal, but as he did not know Missouri was in America, I thought it unnecessary.

I saw Mr. Ferguson cut for stone, and operate for staphyloorrhaphy (suture of the palate.) He is cool, steady and graceful—in short, a superb operator. As he has a world-wide renown for lithotomy, I observed him carefully, and I am satisfied that I have seen the operation performed quite as well in the far west, by Dr. Pope.

I saw at the Ophthalmic Hospital, Moorfield, Messrs. Bowman and Critchet, the great ophthalmic surgeons of London. Mr. Bowman was suffering from one of his headaches, on my first visit. An opportunity was, however, subsequently afforded me of seeing his admirable hand in its delicate work. Mr. Critchet, whom I found quite affable and communicative, operated for trichiasis, and scooped a cataract, using in the latter operation, not the ordinary spoon, but one of his own, shaped somewhat like a trowel, slightly curved, with rounded borders, and barbed at the extremity, passing readily between the lens and vitreous body, without occupying so much space as the old instrument. He cannot be excelled as an operator.

On arriving in Paris, my first care was to see Velpeau, whom I found at the Hôpital de la Charité, and was astonished to find him in the active pursuit of his profession. I was not disappointed in him, as he is certainly a remarkable looking man. Although far down in the valley of life, the shadow is not visible on his face—or rather, it is dispelled by the light of his great intellect. You doubtless remember his massive forehead, his long, heavy, brush-like lashes, and those eyes, "piercing even to the bones and marrow." With what intense interest I eyed those hands the while, contemplating their many feats of surgical daring—the vastness of that head in the unexplored recesses of surgical diagnosis. His hands tremble now, his whole body

totters, but both are enforced by a great will which as yet knows no decay.

I have visited, with much interest and profit, the Hôpital Dieu, presided over, in the surgical department, by the renowned Maisonneuve. Notwithstanding he is so notorious for his daring, he scarcely ever uses the knife, but divides the tissues with wire, and by means of caustic. He is particularly partial to the chloride of zinc, used after a method peculiar to him, and which I will attempt to describe. The paste is prepared in the ordinary manner, and rolled or pressed into thin sheets, say one-eighth of an inch thick, and then cut into wedge-shaped pieces, measuring one-half an inch or more at the base, and tapering to a point very gradually. The pieces are then exposed till dry, when they are ready for use. Suppose we have a tumour—the surgeon, with bistoury in hand, seeks a line wide of the disease, and with a thrust of his knife pushes somewhat behind the growth, the track of the bistoury being immediately filled by one of the pieces of chloride of zinc, which, being hard and sharp easily follows the course of the knife. You proceed thus to surround the tumour, placing the pieces of zinc paste about one-half an inch apart: the line of circumscription soon sloughs, and the mass falls about the sixth day.

Maisonneuve is very partial to the injection of per-chloride of iron, for the radical cure of stricture: his instrument for the division of stricture—the urethra is the best thing of the kind I have seen, but I will not attempt to describe it without diagrams. I have been astonished at the indisposition manifested to use the knife: the reason given is that there is less danger of pyæmia. Maisonneuve bruises and burns his way through the tissues with caustic and twisted wire; Chasaignac crushes his way with chain: and all without anæsthetic—in it is a remarkable fact, I have not seen chloroform used since I came to Paris, whilst in London it is used as much as it is in America. Another interesting fact, worthy of notice: it is the rule in London to incise the cornea and remove the opaque lens by scooping, whilst in Paris it is the rule to make a flap of the cornea, and extract after the old method, generally accomplished by pressure; and the same method appears as successful as the other.

Another hospital of much value to the student is the St. Antoine, under the care of Mr. Jurjarray, a first-rate man. I saw him operate for phymosis, a few days ago, by carrying a pointed bistoury, taking the precaution to guard the point—into the cul-de-sac of the prepuce, to one side of the frenum, and then pushing the point through, cut his way out, at once retracting the prepuce to the cornea, and dressing the parts in their new situation with lint and bandage. A similar cut opposite the frenum is followed by unsightly horns. He promises better results from his operation, and I shall follow the progress of the case with interest.

Should other objects of interest present themselves, I will endeavour to find leisure to communicate them before I leave.

E. H. GREGORY, M.D.

Paris, 30th July, 1864.

RESEARCHES ON THE NORMAL ANATOMY AND PATHOLOGY OF THE SUPRA-RENAL CAPSULES, AND CONSIDERATIONS ON THE APOPLEXY OF THESE ORGANS AND Addison's disease.

Professor Mattei has ascertained, by a great number of observations, that the supra-renal capsule